


01- R-1254

Entered - 7-6-00- sb
CL - 00L0413 ALEXIS HOLMES

CLAIM OF: **MATHIAS FONCHA**
1388 Ralph David Abernathy Boulevard
Atlanta, Georgia 30310

For damages alleged to have been sustained as a result of his son tripping on a broken and discarded City speed limit sign on January 16, 2000 at 4172 Renfrew Court.

THIS ADVERSE REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0413

Date: 8/2/01

Claimant /Victim MATHIAS FONCHA

BY: (Atty) _____

Address: 1388 Ralph David Abernathy Boulevard Atlanta, Georgia 30331

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ 983.50

Date of Notice: 6/20/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) X

Date of Occurrence 1/16/00 Place: 4172 Renfrew Court

Department Public Works Division: Traffic and Transportation

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his son sustained damages when he tripped on a broken discarded City speed limit sign lying in the gutter in the street. It was determined in an investigation that the sign came from another location, and was placed on the claimant's street. Also, the City had no record of prior complaints or requests to have the sign removed from the street.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written X Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

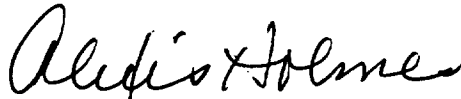
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager: [Signature] Concur/date 080201

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: JUN 16, 2000

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ 36,000.00 bodily injury for which I contend the City is liable.

1. Date of incident: JAN 16, 2000 (month/day/year) 2. Time of Incident: 7:00 PM 3. Police called: X Yes No
4. Location of incident (including street address): 4172 RENEW CT. ATLANTA, GA 30331
5. Name of your insurance company: KAISER PERMANENTE Policy No. 0954250
6. State what and how incident occurred: ON JANUARY 15, 2000, AT APPROX. 6 P.M. MY SON RUSSEL FONCHA WAS PLAYING WITH FRIENDS. AS HE STARTED TO CROSS THE STREET HE TRIPPED ON A DISCARDED CITY SIGN, FELL & BROKE SOME BONES IN HIS WRIST.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

[Signature]
Signature of Claimant

MATHIAS FONCHA
(Print Claimant's Name)

4164 RENEW COURT
(Address)

ATLANTA, GA 30331
(City, State and Zip Code)

41293-5252 71312-5082
(Work Number) (Home Number)

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